

PATENT APPLICATION SERIAL NO. 10/521 640

Rec'd PCT/PTO 20 JAN 2005

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE
FEE RECORD SHEET

01/26/2005 SNAJARRO 00000124 10521640

01 FC:2631	150.00 OP
02 FC:2632	250.00 OP
03 FC:2633	100.00 OP

06/13/2005 BCAMPBEL 00000031 10521640

01 FC:2642 200.00 OP

Adjustment date: 06/13/2005 BCAMPBEL
01/26/2005 SNAJARRO 00000124 10521640
02 FC:2632 -250.00 OP

PTO-1556
(5/87)

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>6-11-05</u>		2 Serial/Patent # <u>10/521 640</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input type="checkbox"/>	Extension of Time			\$
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input checked="" type="checkbox"/>	Other <u>Fee Code Correction</u>		<u>1-20-05</u>	<u>\$ 50.00</u>
		7 TOTAL AMOUNT OF REFUND		<u>\$50.00</u>
		8 TO BE REFUNDED BY:		
10 REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	Credit Deposit A/c #:		
<input type="checkbox"/>	Duplicate Payment	9 <u>02--4377</u>		
<input type="checkbox"/>	No Fee Due (Explanation):			
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>BC</u>		TITLE:		
SIGNATURE: <u>[Signature]</u>		<small>Repln. Ref: 06/13/2005 BCAMPREL 0021350700</small> <small>DA# PHONE Name/Number: 10521640</small> <small>FC: 9204 \$50.00 LR</small>		
OFFICE:				
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****				
APPROVED: _____		DATE: _____		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**